

Public Schools

Data Evaluation Meeting for Students Receiving a Tiered Intervention Grade____

Name: _____ School: _____

Reading SOL____ Math SOL____ Stanford Rdg.____Stanford Math____ (*any yearly score)

Date: _____ R__ M__ B__

9 week benchmark test score _____ Grade for the _____ 9 weeks BL OL AL (*this is on level, etc. – use any term)

Goal ROI/Trend ROI ____/____

Intervention Data:

Other: (i.e. absences, missed assignments, disciplinary referrals, etc.

__exit tiered program (goal met)

__continue current program (progress made) __assign to more intensive tier (insufficient progress)

__modify current tier (insufficient progress) __schedule problem solving meeting

Signatures: Team Leader: _____

Teacher: _____

Parent: _____

Date: _____ R__ M__ B__

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